Under the Pap	enwork Reduction	Act of 199	10N FEE DE	recuired to men		U.S. Patient and	Approvi Trademark	ed for use Office; U.	through 7/31/20 S. DEPARTMEN	DE. ONUB DES1-0
F	ATENT APP	LICAT	ION FEE DE	TERMINAT	10	N RECORD	Mornation	Unless it d	Splens a vasa O	MB control number
		Su	bstitute for Form	PTO-875			<u>.                                    </u>		11). 101	TATAL
			ED - PARTI		•				W C	AVIUM
		(Column 1	)	(Column 2)		SMALI	ENTITY	. 01	OT	HER THAN
FOR BASIG FEE		MBER FIL	ED NU	MBER EXTRA				$\neg$	- SMJ	ATT ENTITY
P7 CFR 1.15(a))		_			٦	RATE	FEE		PATE	FEE
PT CFR.1.16(c))	. 7	7)	120 ± .		$\dashv$	<b></b>	13-	OF	·	1
INDEPENDENT C (37 CFR 1.16(b))	LUMS	-			4	X2	<u> </u>	OR	X 8	
			• • • •		]	xx		OR	X .	
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.18(d))						+1	<b> </b>			<u>-</u>
" If the difference in column 1 is less than zero, enter "O" in column 2.							<del> </del>	→ OR	+3	
						TOTAL		OR	TOTAL	
Alala	CLAIMS AS A	MENDE	D-PARTII							
331W	(Column 1)		(Cabuma St			•				
21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLAMS	7	(Column 2)	(Column 3)	٦.	SMALL	ENTITY	OR	OTH SMAI	er than Lentity
	REMAINING AFTER	'n	NUMBER PREVIOUSLY	PRESENT	L	RATE	ADDI	7		
- Folai	WENDWEN	_	PAID FOR	EXTRA	ı		TIONAL	1	RATE	ADDI-
D CF CF 1.1443		V			1	25	- FEE	1:	<b> -</b>	FEE
independent profit 1.1668	1.0			1-	1			OR.	x450	<u> </u>
FIRST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (1)7 CFR 1.1900						**JOG		OR	× 200	·
TOTAL CONTROL OF CARE OF CER 1.18(4)						+4/10		OR	+.360	
	•					TOTAL ADD'L FEE		OR -	TOTAL	<del> </del>
	(Column 1)		(Column 2)	(Column 3)			-	1 or	ador fee	<u> </u>
<u> </u>	CLAIMS REMAINING		HIGHEST		1			<b>.</b> .		
	AFTER AMENDMENT	:	NUMBER PREVIOUSLY	PRESENT EXTRA	П	RATE	ADOI- TIONAL	1	RATE	ADOs-
to our riets	•	Mina	PAID FOR	<del> </del>		ارجا	PEE	į		TIONAL
Independent	<del> </del>	Minus	<u>                                   </u>			125		OR	A	
\$50 KI 1 KG T	<u> </u>					· IMI		· .		
FIRST PRESEN	PRIST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 CFR 1.1000)									
					L	+316C4		ÔR	+.300	•
						ADD'TEE		OR	TOTAL ADD'L FEE	
<del></del>	(Column 1)		(Column 2)	(Column 3)				•		
1	REMAINING		HIGHEST NUMBER	PRESENT	Γ				).	
	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	1	RATE .	ADDI- TIONAL		RATE	ADOI- TIONAL
Total CFR 1.15(cf)	•	Minus	*	-	ŀ	╼╈╼╀	FEE		┸	PER
Professional CF CFR 1.1604	•	Minus			L	<u> </u>		OR	· .50.	_
	<u> </u>	لببا			L	100	7	_OR	Main	
THE SHITATOR OF MATPLE CONDINING CLASS (IT OF ILLEGO										-
			,		-	OTAL	┉┼	OR_	+ DVV	
" If the entry in co	Aumo 1 is less than Aumber Previously	The analy	la,columa 2, write	. Win ordere 4	. 1	OON FEE		OR	ADDIFEE	
THE PARTY OF	WHOM Providedly	Palifer	AN THIS SPACE	ar vy Traphyllini (A. S farir Mara 98. a	*				•	

This collection of information is required by ST CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the utspace) or application. Confidentially is governed by 35 U.S.C. 122 and 37 to obtain or retain a benefit by the public which is to tile (and by the including pathering, properties, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Output is complete tile form another supportions for reducing this business, should be sent to the Chief Information Office, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Best 1450, Abstandids, VA 22213-1450. OO HOT SEND FEES OR COMPLETED FORMS TO THIS